

B. Braun Medical Inc. 824 Twelfth Avenue PO Box 4027 Bethlehem, PA 18018-0027

Telephone: 610-691-5400 Telefax: 610-691-2202

May 5, 1997

US EPA Region 3 RCRA Programs Pennsylvania Section (3 HW5I) 841 Chestnut Street Philadelphia, PA 19107 RECEIVED

PA/DC STCT. 1

MAY 1 3 197

EPA REGIC....

Dear Madam/Sir,

Attached please find an updated subsequent notification of regulated waste activity for B. Braun Medical Inc. Please note the two updates for the company:

- 1. The company name has changed from Burron Medical to B. Braun Medical, Inc.
- 2. The generator size for B. Braun has also changed from small quantity generator to large quantity generator.

If you have any questions regarding this information, please do not hesitate to contact me at (610) 691–5400--ext. 4534.

Sincerely,

Lisa M. Millington

Environmental Coordinator

cc:

H. Morrison

L. Lucas

n Transport sur americant Munique (a production putt by the new new congression of the

RCRIS UNIVERSE MAINTENANCE FORM

| EPA ID P A | D 9 9 | 8 2 | 6 - | 7 9 1 6 | 9 | |
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| √ <u>-</u> | | <u>≅</u> | | | | |
| Facility Name: | raun B | Med | dical | | | |
| Source: Notification Part A | | | 1 | Notification Dat | e 4/17/9 | 7 |
| State Inspec | ction | - | | | | |
| Waste Activity | | Hedicet Code | | RCRA Reg | | |
| Generator | | / | | R | | |
| | | | | | | |
| Transporter | | | () | | <u> </u> | |
| Mode of Transporta | tion: | Air Water _ | | | 0 | ay |
| IR Insp | pection report | | | | | |
| Revise | d Notification | from the st | tate | | 2 | |
| Revise | d Notification | from the fa | acility | | * | |
| Other | | | | Date to Data Entry | 0 . 9 1 | |
| | | | | Batch Number | 288 | |
| | | | | Date QAd | ~~0 | |
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≈ ER-WM-300: Rev. 11/93 Part A

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS - PART A

| Date of Inspection | 4/17/97 Tir | ne start 930_ | Time finish | 1300 |
|---|------------------------------|-----------------------------|------------------------|-----------------------|
| Name of Inspector | 5-leph | | | _1.40= |
| Company, installation na | | 1/4 1 . 1 | Too | |
| · · · · | Marcon Blud | 4 11 | | 103 |
| 1 . 1 . 1 | • | Municipality _ | Hanover tu | · |
| · | | 3267916° | | |
| Identification number | | | | · |
| Name of responsible offi | | 3 < | <u>ucas</u> | . |
| Title Director | | <u>ud Deientid</u> 1 Aug | <u> </u> | 18018-0027 |
| Iviailing Address 8 | 1 | | 1 | 10010 0021 |
| Area code and telephon | \ <u>\\\</u> | -691-54 | 06 | |
| Name of person intervie | 1 100 | Millington | | |
| Title Environmen | | Assistant | 1 | Un 27 D Wilsham |
| Mailing address (if differ | rent from above) <u>8</u> Z- | | Avenue P.O. Box | |
| Area code and telephon | e number <u>(p 0 — (</u> | 41-5 400 | ext. 4534 | PA 18018 |
| 1. Current waste hand | dling method: | 290d | ays | |
| a. XOn-site | ☐ treatment, | storage, | disposal | ₽₽BR |
| b. ☐ On-site | use, | reuse, | □ recycle, | ☐ reclaim |
| c. Off-site | | ☐ storage, | disposal | |
| d. □Off-site | use, | reuse, | ☐ recycle, | □reclaim |
| 2 A 4 lb d | | · | | |
| | ous waste produced: | Lal | la ougalitus | sa makao |
| a | apriox, 420 | | large quantity | Thereof |
| b | | kg./yr. | | · · |
| | | Hazardous Waste | Number and destination | facility (include 🕝 👵 |
| location and type). | • | | | |
| Waste Number | Destination | Facility | Location and | Туре |
| D001 | Chemical Conserve | stron of GA | Valdosta. | GA |
| | C FIEITICE CY CHINA II | | <u> </u> | |
| D039, D008 | Safely-Kleen | 108 D. | Allentain, P | PA , |
| DOOL FOO2 | Case of Meet | - P | 7 ((Ciryouri, 7_1 | |
| Too State | LWD In | | Calvert City | ky |
| P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <u> </u> | ICar | January Cipe | |
| MO9, 2010 | Environmental | Enterorized Tar | Cincinnati, | \overline{OH} |
| | | • | • | 1015 |
| 4. Source Reduction: | : 🔲 accomplished, 💢 pr | oposed, 🗌 not prop | oosed | 1000 |

Pennsylvania Dopartment of Environmental Resources Bureau of Waste Management

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

| L | | | 1- | No Violation Observed 2-Not Applicable 3-Not Determined 4-Non- | Compliance |
|--------------|----------|---------|---------|---|----------------------------|
| | St | atu | s | REQUIREMENT | Citation |
| 1 | 2 | 2 3 | · | 40 CFR Part 268 | |
| _ | + | \perp | + | Generators | |
| _{_ | - | \perp | _ | Notification sent with shipments of wastes that do not meet treatment standards. | 7(a)(1) |
| 1 | <u> </u> | +- | - | Notification and certification sent with shipments of wastes meeting treatment standards. | 7(a)(2) |
| | \vdash | 3 | - | Dilution not used as a substitute for treatment. | 3 |
| i | | | | Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge forwaste classification. | 7(a)(5), (a)(6) |
| | | | \perp | Storage Facilities | |
| | 2 | | | Facility verifies generators classification of waste in accordence with waste analysis plan. | 25 Pa Code 265.13(c) |
| _ | 1 | _ | | Containers marked to identify contents and accumulation date. | 50(a)(2) |
| \rfloor | \perp | L | | Notification sent with shipments of wastes that do not meet treatment standards. | 7(a)(1) |
| | | | | Notification and certification sent with shipments of wastes meeting treatment standards. | 7(a)(2) |
| _ | V | _ | _ | Facility maintains records of documents produced pursuant to LDR requirements. | 7(a)(6) |
| \downarrow | | | | Treatment Facilities, including PBR and RRR Facilities | |
| 4 | _ | 3 | | Dilution not used as a substitute for treatment. | 3 |
| | | | | Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan. | 7(b) |
| | | | | Certification and/or notification sent with shipments of waste. | 7(b)(4), (b)(5), (b)(6) |
| | | | | Land Disposal Facilities | |
| <u> </u> | 2 | | | Facility tests wastes received to assure compliance with applicable treatment standards. | 7(c)(2) |
| | | _ | | Facility land disposes of restricted waste only if it meets applicable treatment standard. | 40 |
| V | | | | acility retains copies of generator notifications and certifications. | 7(c)(1) |

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

| Date of Inspection 04 17 97 Identification Number PAD 982679169 |
|--|
| Company/Facility/Site Name B. Brown Medical Inc. |
| |
| Inspected facility with Charles Scheidler (PADEP) |
| Lisa Millington (B. Brown) Karen Zakszeski (B. Brown) and |
| Robert Tinney (B. Brown). This facility, framerly |
| Burron Medical, is currently a large quantity |
| generator. B. Brown Medical manufactures plastic |
| disposable devices. Hazardous waste generated From |
| manufacturing of plastic medical products. B. Braun |
| Currently generates appear, 2200 lbs of hangedous |
| waste per month. I toured the manufacturing areas. |
| waste accumulation neas and waste treatment area. |
| Periodically, This facility 1 neutralizes Ethylene Glycol |
| process waste water under a chementary poutralization |
| Dermit by rule. The neutralized process water is |
| then take offsite by American Clamical Exchange |
| I concluded the inspection by reviewing B. Brown |
| Medical's Records on 5/6/97. |
| Previewed |
| PPC Dlan |
| Manifests |
| inspections. |
| NOTE: All containers that hold hangedows work should |
| be labeled to properly identify them, |
| NO VIOLATIONS NOTED |
| |
| |
| This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is |
| formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning |
| either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records. This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be |
| deemed to grant or imply immunity from legal action for any violation noted herein. Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does |
| acknowledge that the person was shown the report or that a copy was left with the person. |
| Person interviewed (signature) Multi-Multingion Date 5/6/97 |
| |
| Inspector (signature) Date 05/06/97 |
| Page <u>5</u> of <u>5</u> |

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS - PART B

Site Name B. Braun Medical ID Number PAD 982679169 Date 04/17/97

Hazardous Waste Inspection Report Generators - Part B

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

| STATUS | | ı | REQUIREMENT | CHAPTER CITATION | LINE | |
|--------|---|---|-------------|---|----------------------|-------|
| 1 | 2 | 3 | 4 | | | |
| 1 | | | | Hazardous waste determination, performed on all waste streams | 262.11 | H001 |
| f | | | | Identification number | 262.12 | H002 |
| | | | | Hazardous waste shipments offered only to licensed transporters | . 262.12(d) <u> </u> | H003 |
| Į. | ſ | | | Authorization received from TSD facility for wastes shipped off-site within PA | 262.13 | H004 |
| | | 3 | | PA manifest used for intrastate shipments | 262.20(b) | H005 |
| | | | | TSD state manifest or PA manifest used for out-of-state shipments | 262.20(c) . | H006 |
| 1 | | | | Manifests filled out properly and completely | 262.20(g) | H007 |
| i | | | | Manifests routed properly and within time limits (7 days) | 262.23(e)(f) | Н008 |
| • | | 3 | | Proper U.S. DOT shipping containers or packages being used | 262.30(1) | H009 |
| | | 4 | | Shipping containers marked and labeled according according to U.S. DOT | 262.30(2) | H010 |
| | | | | Containers of 110 gal. or less permanently marked with required hazardous waste label | 262.30(3) | H011 |
| | | V | | Placards offered to transporter | 262.33 | H012 |
| ī | _ | | | Waste in containers or tanks accumulated on-site for less than 90 days | 262.34(a)(1) | H013 |
| | | 3 | | Wastes placed in containers properly marked and labeled or in tanks meeting requirements of Chapter 265, Subchapter J | 262.34(a)(2) | H014 |
| | | 3 | | Containers managed in accordance with Chapter 265, Subchapter I (any non-compliance for Subchapter I requirements is a violation of 262.34(a)(3)) | 262.34(a)(3) | H015 |
| 1 | | | | a). All containers of haz. waste in good condition | 265.171 | H016 |
| 1 | | | | b). Containers compatible with hazardous waste being stored within | 265.172 | H017 |
| Ĭ | - | | | c). Containers of hazardous waste kept closed | 265.173(a). | H018 |
| i | | | | d). Containers of hazardous waste are managed to prevent leaks | 265.173(b) | H0.19 |
| | | 3 | | e). Containers of hazardous waste labelled to accurately identify contents | 265.173(c) | H020 |
| 1 | | | | f). Haz. waste accumulation areas inspected at least weekly | 265.174 | H021 |
| 1 | | | | g). Special requirements for ignitable, reactive and incompatible waste being met | 265.176177 | H022 |
| | | | | h). Proper containment and collection system(s) | 265.178 | H023 |
| 1 | | | | Containers clearly marked with accumulation date and visible for inspection | 262.34(a)(4) | H024 |
| 1 | | | | On the job or classroom personnel training program as per 265.16 | 262.34(a)(5) | H025 |

Hazardous Waste Inspection Report Generators - Part B

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance **STATUS** LINE **CHAPTER** REQUIREMENT 2 3 4 CITATION ITEM Records retained at designated location for 20 years 3ctions 262.40(a) H026 2 H027 Quarterly reports submitted to the Department 262.41(a) 3 H028 Exception reporting procedures followed 262.42 H029 Hazardous waste disposal plan, if required 262.45 2 H030 Spill reporting procedures followed 262.46(a) Preparedness, Prevention and Contingency Plan developed and H031 262.46(e) implemented in accordance with Chapters 264 and 265 Special requirements followed for international shipments H032 262.50,.53, 2 .55, .60 3 Source reduction strategy prepared and available 262,80 H033

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the *Instructions* tor Filing Notification before completing this form. The Information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

MAY 2 & REC'D

| and | Rec | oven | y Acr) | • | | | | | | Unit | ted S | tates | En' | viron | mer | ntal P | roteg | ction | Age | ncy | | | | ~~ | | | | | |
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| I. Installation's EPA ID Number (Mark 'X' In the appropriate box) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IV. | . Ins | talla | tion | Mail | ing / | Addr | ess | (See | ins | truci | tions | i) | | | | | | | | | | | | | | | | | |
| Street or P.O. Box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246-EPA-OT

| | ID - For Officia | Use Only |
|--|--|--|
| VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. | Defends instructions. | |
| A. Hazardous Waste Activity | B. Used Oil Fuel A | |
| 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify | installation) 1. Off-Specification a. Generator b. Other Mark C. Burner - in Type of Co 1. Utility 2. Indu 3. Indu 2. Specification U | on Used Oil Fuel Marketing to Burner Gerer Idicate device(s) - Idicate device Idi |
| IX. Description of Regulated Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes correspond | dien to the above to it is a facility | Charles and the |
| 1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic (D001) (D002) (D003) (D000) (List specific EPA hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need a second | ous waste number(s) for the EP Tox to list more than 12 waste codes.) 5 11 5 5 5 5 11 | 6 12 6 |
| certify under penalty of law that I have personally examined and am faind all attached documents, and that based on my inquiry of thosobtaining the information, I believe that the submitted information is that there are significant penalties for submitting false information in the information is the information of the information in the information is the information of the information in the information is the information of the information in the information is the information of the information in the information is the information in the information in the information is the information in the information in the information is the information in the information in the information is the information in the information in the information is the information in the information in the information is the information in the information in the information in the information is the information in t | true, accurate, and comple n, including the possibilit | responsible for ete. I am aware y of fines and |
| . Comments | MAY 29 PM | 10, U . |
| lote: Mail completed form to the appropriate EPA Regional or State Office. (See S | ED A Paragraphic Aller | |



ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

06/11/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all below. shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. MUMBER -> | PAD982679169

FACILITY MANE -> BURRON MEDICAL INC

MAILING ADDRESS ->

901 MARCON BLVD ALLENTOWN, PA 18103

INSTALLATION ADDRESS ->

901 MARCON BLVD ALLENTOWN, PA 18103

EPA Form 8700-12AB (4-80)Z

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III 841 CHESTNUT BUILDING PHILADELPHIA, PA 19107

ATTN: INTEGRATED MANAGEMENT AND SUPPORT SECTION - 3HU53

TO: EMBURG VANJ LINDA MGR BURRON MEDICAL INC 901 MARCON BLVD ALLENTOWN, PA 18103